

EISG REIMBURSEMENT INVOICE

AWARDEE:		GRANT NUMBER:	
PAYABLE TO:			
ADDRESS:		Optional Awardee Tracking Numbers:	

INVOICE PERIOD (mm/dd/yy): Start of Period: _____ End of Period: _____

1. PERSONNEL SALARIES/WAGES (list names and job titles)	Total Hours	Hourly Rate	Expenditures This Period	Cumulative Expenditures	Approved Budget
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
Subtotal Salaries/Wages			\$0.00		
Fringe Benefits					
Subtotal Salaries/Wages and Fringe Benefits:			\$0.00		

2. CONSULTANT/CONTRACTUAL SERVICES <i>(itemized contracted services)</i>					
Subtotal Consultant/Contractual Services:			\$0.00		

3. OTHER PROJECT EXPENSES					
a. Travel (combine all travel expenses on this line)					
b. Facilities Lease/Modification Expenses					
c. Equipment Rental / Use Fees					
d. Major Equipment Purchase (items costing over \$5,000)					
e. Materials / Supplies / Equipment / Misc. (total lines e.(1) - e.(7))			\$0.00		
1) Total for material items valued under \$100 ea.					
2)					
3)					
4)					
5)					
6)					
7)					
Subtotal Other Project Expenses:			\$0.00		

4. Total Direct Costs (1-3)	\$0.00	
5. Indirect Costs (see instructions)		

6. TOTAL INVOICE COSTS (4 + 5) TO BE PAID	\$0.00	\$0.00
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Certification: : I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the grant agreement.

Type: Name, Title & Phone or Email:	
SIGNATURE:	DATE: